

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>00401</i>	<i>2/2/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>2/17/00</i>
FORMALITY REVIEW	CM	71632	4-11-00
RESPONSE FORMALITY REVIEW	CM	71632	5/17/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
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43	✓	✓	
44	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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